Using art therapy to overcome avoidance in veterans with chronic post-traumatic stress disorder

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ABSTRACT
Avoidance can be a significant barrier to engaging in trauma-focused treatment for post-traumatic stress disorder (PTSD), as well as being a mechanism that creates restrictions that can seriously impact functioning and wellbeing. Following an outpatient study with veterans that indicated art therapy might assist the overcoming of avoidance, a group of veterans was offered an art therapy-focused, short-stay, inpatient admission at the veterans' mental health charity Combat Stress to explore this potential outcome. Participants were able to use the art therapy process to express and tolerate painful thoughts and emotions, and to consider the effects of rigid perceptions. The group dynamic between the veterans created a strong container for this process. Consequently, this study suggests that art therapy can be constructively employed in assisting veterans to overcome avoidance PTSD symptoms and as a means of opening up new ways of perceiving, interpreting, and responding to situations. It is proposed that the non-verbal operations of art therapy enable this process through the use of imagination and creativity.

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Introduction
Experiential avoidance, or ‘the unwillingness to remain in contact with private experiences such as painful thoughts and emotions’ (Chawla & Ostafin, 2007, p. 871), is a factor common to a range of psychological conditions and can present a significant barrier to engaging in treatment. According to Monestès et al., experiential avoidance spans nations and is trans-cultural. They put forward the case that it is ‘based on a fundamental verbal/cognitive process: an overextension of verbal problem solving into the world within’ (Monestès et al., 2016, Abstract). Pineles et al. (2011) argue that overdependence on avoidance as a coping strategy can hamper the natural process of recovery after trauma. Indeed, there seems to be general agreement between schools of thought that although avoidant coping might provide short-term relief, it is maladaptive and perpetuates problems (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996; Kashdan, Barrios, Forsyth, & Steger, 2006).

Avoidance is one of the four clusters of symptoms associated with post-traumatic stress disorder (PTSD), as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM–5). It presents as ‘Persistent avoidance of stimuli associated with the traumatic event(s)’, either through thoughts and feelings or external reminders such as people or places (American Psychiatric Association, 2013, p. 271). Avoidance can result in limitations such as social withdrawal and psychic numbing, which can seriously impact functioning and wellbeing.

Recent research has shown that although trauma-focused cognitive behavioural therapy (TF-CBT) is an effective, evidence-based treatment for PTSD, there is a subset of clients with high levels of avoidance and dissociation who find it difficult to engage in this form of treatment (Kaur, Murphy, & Smith, 2016). Furthermore, in their review of 55 studies, Schottenbauer, Glass, Arnkoff, Tendick, and Gray (2008) reveal that success rates for CBT as a single intervention for veterans with PTSD has been just 50 per cent in some cases (Smith & Lobban, 2017). Coupled with this, there are an increasing number of veterans seeking help for mental health problems (Murphy, Weijers, Palmer, & Busuttil, 2015). This would seem to indicate a need to find alternative forms of treatment for those veterans with highly avoidant or dissociative PTSD presentations, such as approaches that are less reliant on verbal/cognitive processes.

Emerging studies from both the UK and the USA support art therapy as a promising treatment for veterans with PTSD (Collie, Backos, Malchiodi, & Spiegel, 2006; Lobban, 2016a; Palmer, Hill, Lobban, & Murphy, 2017). It is proposed that art therapy is able to access non-verbal operations of the brain that do not communicate in words and language but through emotions, sensations, and visual imagery (Hass-Cohen & Carr, 2008). This non-verbal approach is thought to bypass censoring cognitive mechanisms that restrict progress and thereby facilitate the expression of suppressed or avoided psychological material (Lobban, 2017a; Rubin, 1999). Once expressed, the material is available to be worked with.
Since 2001, art therapy has been part of the treatment available at the veterans’ mental health charity Combat Stress, and that is the context for this study. Established in 1919 in the aftermath of the First World War, Combat Stress, as it is now known, has become a national organisation dedicated to providing free specialist clinical treatment and support to ex-servicemen and women (Combat Stress, 2017).

Despite a long association between art therapy and military trauma, little has been written about this area of work (Hogan, 2001; Lobban, 2017b). More broadly, Smith conducted a review of art therapy literature associated with trauma, including studies of work with veterans. The review highlighted the importance of the group experience as a therapeutic mechanism in trauma recovery. The study also concluded that ‘there is a need for understanding art therapy treatment mechanisms for the combat veteran group as a treatment process in isolation from other available multimodal treatment strategies’ (Smith, 2016, p. 72). Currently at Combat Stress, group art therapy is not usually offered to veterans in isolation from other treatment modalities.

In order to examine the particular therapeutic mechanisms of art therapy for treating PTSD, Combat Stress provided a two-week inpatient admission for a group of veterans. The programme centred on art therapy closed group work and individual sessions. Veterans could work on their own creative projects in the occupational therapy activities room, but they could not attend the psycho-educational, CBT-focused groups of the concurrent treatment programmes. In that way, the main focus was on art therapy and art-making.

To try to address the current gap in literature, as highlighted above, in this article four case studies from the art therapy-focused admission at Combat Stress are presented to explore how art therapy might help veterans to overcome, or to cope with, the limitations of avoidance related to PTSD.

**Context of the study**

Combat Stress has three treatment centres which, between them, cover referrals from the whole of the UK. The current study took place at the Surrey treatment centre, which covers a catchment area from Cornwall to Kent, and East Anglia to the south coast of England. The centres provide short-stay admissions for different treatment packages. Art therapy is available as part of all of the programmes, at all three treatment centres. An adaptive art therapy model has evolved at Combat Stress that is tailored to suit the short-stay format. Mindful of military culture and the effects of trauma, a phasic, theme-based approach has been adopted to facilitate gradual, paced exposure to difficult material (Lobban, Mackay, Redgrave, & Raja-gopal, 2017). The use of themes which are shaped to suit each particular group, at a particular time, provides a focus and framework whilst encouraging individual approaches.

Veteran feedback through group evaluation sheets and research questionnaires at Combat Stress has been used to try to understand the therapeutic mechanisms at play in art therapy (Lobban, 2016b; Palmer et al., 2017). This led to an art therapy outpatient study for individual veterans, which was designed to observe the process when delivered separately from the multimodal, inpatient packages. Veteran presentations were recorded at baseline and again during a review after 12 art therapy sessions. Results suggested that veterans were able to use the art therapy process as a way of overcoming avoidance (Lobban, 2017a). These findings led to the current study, this time for veterans in a group format. As a pilot study, the admission would provide information that could help to guide future service development.

In order to fulfil the criteria for participation in the pilot admission, veterans were required to have been able to engage in the creative and reflective processes of art therapy during at least one previous inpatient admission. Participants were also required to have enduring, chronic PTSD with avoidance presentations and to be not yet able or willing to take part in the six-week, evidence-based, CBT-focused PTSD programme. Telephone contact was made by the lead art therapist with each veteran to discuss the admission option. In that way, any questions were answered to ensure informed choice before participating in this new programme.

All the data for this study was collected by 20 November 2016.

**Case reports**

The following section is an overview of each participant, followed by an explanation of the admission psychometrics used in order to describe the presentation of participants.

Mr A is a married man in his 50s who served in the army for 23 years, with deployments in Northern Ireland and Bosnia. His symptoms included anxiety; hyper-vigilance; dissociation; flashbacks of past trauma; and avoidance, which manifested in social isolation. At one point he did not leave his home for three months.

Mr B is a married man in his 60s who served in the army for 15 years, with a number of deployments in Northern Ireland. His PTSD symptoms included being highly anxious; socially isolated; having daily intrusive thoughts of past trauma; frequent night terrors; feeling detached from others; survivor guilt; hyper-arousal; and a very exaggerated startle response.

Mr C is a married man in his 50s who served for 10 years in the RAF Regiment, which included deployment
in the Balkans and the Gulf. His PTSD symptoms included anger; guilt; hyper-vigilance; crowd avoidance; poor sleep; and rumination.

Mr D is a single man in his 60s who served in the army for 8 years, with deployments in Northern Ireland. His PTSD presentation included a past history of alcohol dependency; anger, depression; avoidance of thoughts, feelings, and activities; lack of motivation; and feeling cut off.

**Psychometric measures**

*Patient Health Questionnaire (PHQ-9)*

This nine-item self-administered questionnaire measures severity of depression. Each item is rated 0–3, with a maximum score of 27. The higher scores indicate greater severity of symptoms, with a score of 10 or above indicating high levels of depression (Kroenke & Spitzer, 2002; Spitzer, Kroenke, & Williams, 1999).

*Generalised Anxiety Disorder (GAD-7)*

This seven-item self-administered questionnaire measures severity of anxiety. Each item is rated 0–3, with a maximum score of 21. The higher scores indicate greater severity of symptoms, with scores of 5, 10, and 15 used as cut-off points for mild, moderate, and severe anxiety (Swinson, 2006).

*PTSD Checklist for DSM-5 (PCL-5)*

This is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD. A total symptom severity score, with a maximum of 80, is obtained by adding the scores from each of the items. The suggested cut-off score is 34 for PTSD screening (Murphy, Ross, Ashwick, Armour, & Busuttil, 2017; Weathers et al., 2013).

*Warwick & Edinburgh Mental Wellbeing Scale (WEMWBS)*

WEMWBS is a self-report measure for mental wellbeing among people aged 13–74 in the UK. It comprises 14 positively worded statements with five response categories from ‘none of the time’ to ‘all of the time’. The total score ranges between 14 and 70. An increase in the total score indicates an improvement in wellbeing (Tennant et al., 2007).

The psychometric measures (Table 1) revealed that three out of the four veterans were experiencing high levels of depression and severe anxiety, and that they met the criteria for PTSD. Mr C’s PTSD symptom level was particularly high and, probably as a consequence of this, his wellbeing was low.

The art therapy images and poems that were produced act as tangible ‘snapshots’ of participants’ progression through the short programme. It is these creative expressions that are the focus of this study, with particular attention paid towards how avoidance changed for each individual.

**Pilot art therapy admission**

Over the two-week admission, there were six two-hour themed groups which were in the mornings; four one-hour individual sessions in the afternoons; and two half-day gallery visits with workshops. Gallery visits were to the Lightbox, Woking, approximately 30 minutes’ drive from the treatment centre. The main exhibition on display at the time was ‘The Story of British Comics So Far: Cor! By Gum! Zarjaz’, and one of the art therapy group themes was tailored around the exhibition.

Another significant factor in the choice of themes was that admission took place over Remembrance in November 2016. Although a particularly significant time of year for veterans, this was not done at the request of the art therapists. It happened to be a time when four bedrooms were available to accommodate veterans on the pilot programme. This timing presented advantages and disadvantages. Being an emotive time of year, there was potential to tap into significant material that would be closer to the surface. Two of the participants, however, Mr B and Mr C, had already made arrangements locally over Remembrance weekend, and so would need to take leave from the treatment centre and miss the Monday morning group of week two. This meant a break in treatment with the potential of losing momentum and effects on group bonding.

Three of the four participants, Messrs B, C, and D, had met before during past admissions at the treatment centre. The intention had been to balance the profile of possible participants so that no one person felt different from the others. Mr D was a creative writer. A fifth veteran, however, who was an

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**Table 1. Psychometric measures to describe the presentation of participants.**

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acquaintance of Mr A and a creative writer, was unable to participate in the admission at that time.

All the groups were facilitated by the lead art therapist, co-author of this article, with an art therapist colleague and an art therapist trainee co-facilitating on different days. Individual sessions were with the lead art therapist in three cases, and with the art therapist colleague for one veteran.

**Group 1**

After a time of discussion around the aims and format of the admission, the setting of mutually agreed ground rules, and distribution of sketchpads for personal use as appropriate, the theme of 'My Planet' was set as a baseline for the treatment intervention. Participants had an hour to make a creative response. They could take a break as desired, and make themselves a drink to consume in the group space if they wished. Individuals gathered materials and focused on the task in hand, working quietly but with occasional verbal exchanges. After the hour, the group gathered together for an hour of reflective discussion. Each participant presented their work in turn, using Blutack to display each image on the wall as a focus point, so that everyone could see it clearly. This was the veterans’ idea and not a suggestion made by the facilitators.

Mr C thought that he had ‘copped out’ of revealing the truth and taken an easy option. His image and poem were comments from a global perspective about inhumanity and discord (Figure 1); however, the work captured the source of his trauma – witnessing evil – which affected his view of mankind and subsequent functioning. He said that he should have created an image of himself trapped inside a cell behind bars, as that would represent his reclusive lifestyle more accurately. Mr C was able to create such an image later that day in his individual art therapy session.

He also introduced the idea of inaccurate perceptions into the group, whereby assumptions might be made about individuals or situations that are far from the truth. He used himself as an example, suggesting that people might view him as confident and assured, or as someone to challenge to a fight. In reality, he preferred to avoid people, crowded places, and confrontations.

Beside his name at the top of his image, Mr A wrote ‘aged 6 ¾’ to signify the image’s self-perceived childlike quality (Figure 2). He described his world as ‘flat’ and how he became tipped over the edge at the slightest thing; also that he was hanging on by a thread. Mr A would become tearful and stammer if he got too close to emotional experiences, so preferred to steer clear of this whenever possible. He described himself as a ‘cry baby’, making light of the response that was beyond his control but which caused him distress. The term also conveyed a child-like association.

Mr D wrote a poem, ‘Our Planet Earth’, which he shared with the group. He took the full hour to craft the work and as he read it aloud to the group members, he winced at lines he perceived as ‘clunky’. Taking a more general view of the shared world we live in, he was not explicit about what life was like for him from day to day. Any personal struggles he might have had were buried beneath the words. He preferred to capture a sense of the fleeting nature of

![Figure 1. My Planet by Mr C.](image-url)
life and the need to value and cherish what we have, mindful of the future generations that will follow.

Mr B had taken a while to begin image-making, then rushed to try to finish within the hour. This was to become his pattern. He listened intently to what the other group members shared and took a great interest in their work. He asked questions and made observations, in this way generating further discussion and eliciting deeper meaning. When it came to his turn to share his image, he became anxious and could not articulate the personal meaning so clearly. Others offered their ideas and this helped him to convey his sense of optimism for the admission. Also a recluse, Mr B felt that a window was opening for him, letting in air and light (Figure 3).

Just as the psychometric measures completed at the outset of the admission were designed to capture levels of depression, anxiety, PTSD symptoms, and well-being, the art therapy theme provided an opportunity to describe such aspects symbolically. In this way, there was also the potential to disguise, omit, or elaborate on material, concentrating on what they felt comfortable to share within a group.

Although each veteran had individual art therapy sessions, the main focus for this study is on the work created in the group format. Where particularly relevant, observations from individual sessions are included.

**First gallery visit with workshop**

The following day, the four veterans and two art therapists travelled to The Lightbox, Woking, in a minibus, escorted by the Combat Stress driver. The majority of the veterans were anxious about this journey to an unfamiliar place, through heavy traffic. Reclusive and socially-avoidant, visiting galleries was not something the veterans usually did, but they were determined to see it through. Mr C preferred to sit in the front seat next to the driver so he had a clear view. Everybody chatted, which provided mutual contact and gave an alternative focus to spotting potential dangers.

Once at the gallery, the party was met by two members of the Lightbox staff and introduced to the main exhibition of ‘The Story of British Comics So Far’. The exhibition not only displayed copies of twentieth-century and contemporary comics, but also included work from a wider perspective, such as

![Figure 2. My Planet by Mr A.](image-url)

![Figure 3. My Planet by Mr B.](image-url)
reproductions of William Hogarth’s satires and examples of Egyptian hieroglyphics. The veterans showed an interest in the work, which stimulated responses such as fascination, nostalgia, humour, memories from service years, and curiosity. The group was particularly intrigued by Grayson Perry’s etching ‘Map of Nowhere’ (2008) and its use of symbols within a circular map depicting an inner self.

A coffee break in the gallery foyer became quite distressing for some veterans due to the high level of noise; however, the Combat Stress group all sat together and chatted. Hyper-vigilance and anxiety was observed in veteran participants, but distress tolerance techniques were used to good effect.

Gallery staff then led a three-dimensional collage workshop inspired by the comics’ exhibition, held in a quiet room. The art therapists were joint participants in the art-viewing and image-making, but always mindful of maintaining appropriate boundaries. Their main task was to facilitate a safe, cultural, creative experience outside of the usual therapy space that subsequently could be further explored back at the treatment centre.

Group 2

After reflecting on experiences of the gallery visit the previous day, with general agreement that it had been worthwhile, the theme for the group was set as Grayson Perry’s Map of Nowhere (2008), with no clear directive. One or two of the veterans were familiar with Grayson Perry, his alter ego, and reputation for cross-dressing, and mentioned this. This brought further food for thought in connection with the concept of social perceptions and different presentations that had been raised in the first art therapy group.

After an hour of image/poetry making, the group gathered together to share their work. Rich in symbolism, Mr A’s image depicts him within a circle of barbed wire, behind bars, and with a bricked-up mouth (Figure 4). He has waterfalls for eyes and a butterfly in his stomach. He has green blood running through his veins to represent his close connection with the army. Many of his symbols stimulated discussion within the group and a sense of identification with meaning. Several of the veterans came from military families, and the significance of this was explored.

Mr C created a collage of extremes on a black and white background (Figure 5). On the white background, his past self holds many positive qualities and experiences. On the black, current side he represents himself looking back. The viewer just sees the back of his head. On the border between the sides, he is shown as a soldier with downwards gaze.

Revealing more of himself through his poetry in this session, Mr D reflected on the thought of being ‘nowhere’. He incorporated the lines ‘As darkness creeps in, I’m feeling despair’ and ‘My life is a struggle, I cannot deny’, seemingly opening a different perspective from what he shared through the psychometric measures. His line ‘Achieve I must, always aim high’ stimulated discussion about standards set in the military. Mr B seemed moved by the poem and said that he wanted to clap in recognition of its value.

Mr B’s image depicts an opened can of beans (Figure 6). The contents are being removed a spoonful at a time but they are not yet being transferred to the suitable container and so are becoming spilt. This thought-provoking image prompted group discussion about trauma treatment and opening up the inner world of past experiences. The group members recognised that they were opening up to one another, but how exposure to the trauma material needed to be paced, a spoonful at a time. Concerns were expressed that the six-week Intensive PTSD Treatment Programme offered by Combat Stress might be too short to be able to open up and achieve a sense of closure within the time restrictions, although the desire to come to terms with the past was conveyed. This stance seemed to hover on avoidance, whilst recognising personal limitations and capacity for trauma work at that point in their lives. Living with avoidance comes at a cost.

Group 3

During the initial time to discuss thoughts from the previous session, the veterans fed back that they thought the programme was going well. Some were pleased with their personal ability to go so deeply and expose their feelings. The potentially challenging theme of ‘Remembrance’ was then set as the focus as
it was the day prior to Armistice Day, and the last time the full group would meet until the following Tuesday.

This session had further richness and depth, the theme seeming to provide an opportunity for personal and group reflections on loss, grief, respect and honour. Mr A again used the symbol of barbed wire, but this time the wire is cut, with the barbs transforming into birds flying into the distance to signify release (Figure 7). Although emotional when sharing the meaning of his image, Mr A said that he was not feeling overwhelmed by his emotions, and so able to convey the meaning in words.

Mr B drew an image of tears being absorbed into a poppy, the symbol of Armistice Day (Figure 8). Each teardrop holding an echo of the window he created in his image made in the first group. Participants recognised how the group itself had become a container for the sharing and processing of emotions, which included the full breadth of feelings from hope and optimism to sadness and loss.

Initially, Mr C had been unsure how to respond to the theme and had considered revisiting his childhood. Perhaps informed by his experience from the first group, when he felt he had ‘copped out’ from revealing what he had really wanted to express, Mr C drew a complex and extremely meaningful image of himself looking back (Figure 9). Again the viewer is looking over his shoulder, but this time we can see his symbols of remembrance. He elaborated on the meaning of each symbol, which included reference to his index trauma and how that affected his life from then on. All participants supported Mr C through his exposure of this difficult emotional material. Mr B in
particular gave him encouraging feedback, yet also challenged Mr C’s rigid, negative self-appraisals, offering different perceptions of the factors in play.

Mr D regretted that he could not give the group a happy ending but he could provide some hope through his poem. He acknowledged the debt of honour to the fallen, and also the sense of pride for having belonged to the military and having served his country. Significantly, Mr D connected the wearing of the poppy with ‘Releasing those emotions we’ve held inside’ and wearing his heart ‘on his sleeve’, the time of year seeming to give personal licence for the exposure of the effects of loss. Later that day, he was able to explore his military experiences in more depth in an individual art therapy session; the words of his poems taking on further meaning. In the more intimate setting of one-to-one sessions, Mr D was later to remark how he was surprised by the strength of feeling stirred through re-reading his poems.

**Group 4**

By the Monday morning of week two, Mr B and Mr C had not yet returned from their separate experiences of weekend leave, hundreds of miles away from the treatment centre. Those present in the group reflected on the first week of the programme, and Remembrance Sunday in particular. Mr D and Mr A had found the programme hard but extremely worthwhile so far. Mr A had been using his sketchpad to record the images he had created in the group sessions. This repetition seemed to assist processing and prompted further insights, which he was able to explore in more depth in individual sessions.

To create a break from the intensity of the group sessions so far, and to maintain progress at that point until the other group members returned, the theme of ‘My finest hour’ was set. The intention was to encourage participants to revive pleasant memories that might act as a balance to the challenging material explored up to that point. Mr A created two images of personal achievements, one from the beginning of his military service and the other from more recently. They held a sense of personal pride and satisfaction, which served to reaffirm those positive qualities.

Mr D’s poem acknowledged that he had many achievements to choose from, whilst recognising that his journey had been ‘a long winding road, the

![Figure 8. Remembrance by Mr B.](image)

![Figure 9. Remembrance by Mr C.](image)
potholes, the 'U' turns, [and] the uneven load. However, he chose 'putting down the booze' as his finest hour, outlining how 'the man in the mirror I see in the morning [...] likes me now'. This significant step on his personal road to recovery was a recent decision that had been a turning point.

**Group 5**

Now back to the full group number, Mr B and Mr C shared how it had been for them leaving the programme and returning home for the Remembrance Day events. There had been challenges, including all the travelling involved, which had been tiring, but experiences from Group 3 had been held in mind.

The theme of 'Ways of seeing' was set to encourage participants to pick up thoughts that had been emerging in the earlier groups about perceptions. Mr B was the first to share his work, which was an image of two crystal balls (Figure 10). They contained colourful reflections echoing the windows that had featured in earlier work. He found it hard to understand its full meaning himself at that point, and to articulate meaning to the group. It is not unusual for the meaning of art therapy images to emerge over time. Ideas were played around with between participants.

Mr D's thoughtfully crafted poem explored the concept of different points of view, as well as the perspective of hindsight. He noticed that 'one man’s black is another man’s white' and that 'some see darkness, some see light'. Also that 'a man shall see what he wants to see' and that 'a man’s view changed against his will, will have the same opinion still', thereby underlining the need for willingness to change. This observation was particularly significant in terms of overcoming avoidance.

Mr A described his avoidance of crowds, which the other participants could relate to, and shared the progress he was making in that respect. His image contrasted 20 people in the enclosed space of a bar with the same people spread over a rugby stadium (Figure 11). This reframing offered the group ideas to consider.

Mr C was reluctant to share his work at first due to his concern that it might upset the other group members, but participants demonstrated their willingness to see his work. He had drawn an image of having hanged himself in response to a letter from the Ministry of Defence (MoD) (Figure 12). The letter lies opened on the doormat with certain key words standing out: 'your pension', 'sorry', and 'will not'. In fact, when read as a whole, the letter is informing him of an increase in his war pension. Mr C explained how he tends to anticipate the worst, and then misread situations from this negative position, sometimes with catastrophic consequences. This stimulated much discussion within the group, as all the veterans could relate to this response. With PTSD, there is a heightened sense of threat perception.

Mr C had also written a poem, which he shared with the group. It described how he thought other people viewed him by outward appearance; for example, 'all see a skinhead, all see a thug, it's only a haircut, I'd love a hug'. Although, within the group, participants were able to get a sense of Mr C's softer side, there had been occasions when he had been discriminated against because of his appearance.

**Second gallery visit with workshop**

As before, Mr C asked to sit in the front of the minibus alongside the driver for a clear view during the journey there and back. Mr B sat behind him, drawing in his sketchpad. He captured observations such as road signs and buildings, as well as the back of Mr C’s head. Mr D looked for inspiration from nature for his poetry, observing the autumnal colours of the leaves along the way. Once at the gallery, the group briefly revisited the main exhibition before exploring the smaller exhibitions and the museum. After a coffee break, gallery staff provided a mono-printing workshop. During this time, Mr B reproduced some of his observations from the journey (Figure 13), adding sweat droplets emanating from Mr C’s head. The symbol of water droplets reflecting windows, and looking over the shoulder of Mr C, echo images created in the art therapy groups.

**Group 6**

This last group began with a discussion of the gallery visits. The second gallery visit had seemed rushed,
and participants would have preferred more time to look at the exhibitions rather than having the mono-printing workshop. This seemed to reflect growing confidence in the public space. The veterans had enjoyed discovering artwork in the galleries and had not needed the tighter guidance of a workshop. In the first week, the quiet space away from the crowds had been welcomed. The theme of ‘Voyage of discovery’ was set, which seemed to resonate with elements of the discussion.

Looking through the images together, progress was seen and acknowledged. Mr D was first to share his work. It charted apprehensions about being involved in the new type of admission, and also the benefits of engagement. He thought back to his journey to the treatment centre almost two weeks previously, touching on his hopes of being able to express himself creatively. He reflected on how ‘Each day I’ve sat, my pen in hand, writing and hoping others will understand’. The first gallery visit had ‘brought out a silent tear’. He felt that the admission had helped him to unearth his treasure and ‘now some action’.

In Mr A’s work, he returned to the symbol of a flat world, which he drew in the first session, ‘My Planet’. This time, instead of a waterfall streaming from the edge of the planet into nowhere, he charted his journey upwards, leading to a transformed planet which has become ‘The world of wonder’ (Figure 14). The journey of life had been along a ‘rocky road’ through barbed wire to the ‘desert of doom’ and the ‘motorway of maybe’, seemingly stuck in repeated patterns. The world of wonder is entered by the ‘beach of beauty’ and there are many modes of transport available, including a ship across the ‘sea of tranquillity’.

Mr C’s work contrasted black and white backgrounds again, but this time he drew an open door between the two sections, with the name of the treatment centre on it, to symbolise enlightenment (Figure 15). On the black section of the paper is a candle with matches ready to bring light into the dark tunnel. On the white paper, he drew the words ‘quality’ and ‘hope’ in large letters, along with a ship of life with a sail of peace breaking through the word ‘discovery’. At the bottom of the image are further meaningful symbols, including footsteps reaching a brick wall met by a signpost to move around the wall in order to find freedom.

Mr B wanted to be the last to share work as his image was a tribute to the group. He used symbols
to represent each veteran, taken from their own work (Figure 16). At the top, the back of Mr C’s head; below that, a cannon and some rugby balls from Mr A’s work. Both of the areas are laced together by barbed wire with flying birds, a tribute to Mr A. The barbed wire leads to a pair of glasses to represent Mr D, along with musical notes to convey the lyrical tone of Mr D’s voice as he read out his poems to the group. The notes are floating out of an open window, echoing the barbed wire birds and renewing Mr B’s sense of optimism. His own name is floating freely alongside the musical notes. This image was deeply meaningful for the whole group. They all signed it, photocopies were made for each participant, and the original was left in the safekeeping of the facilitators.

The group shared their experiences of the two-week admission: the highs and lows; the support given and received; the adventures and the discoveries. There was no expectation that the group would continue and there was acceptance that it had been a one-off, although if there had been an opportunity to continue, that would have been welcomed. Participants were pleased with their personal achievements. Individual future treatment pathways were discussed in one-to-one sessions.
At the outset of the admission, there was already a level of group bonding. The veterans knew the lead art therapist, and three of the four veterans had already met each other during previous admissions. All participants had experienced multiple admissions to the treatment centre, which included art therapy group attendance on a trans-diagnostic two-week programme, although not all together in a closed group format. Usually, art therapy group attendance on the trans-diagnostic programme varied from day to day, frequently incorporating first-timers. The lack of continuity meant that participants did not reach a deeper level of self-expression that comes with familiarity and trust. Nevertheless, on all programmes at Combat Stress, veterans regularly report the benefits of being with other veterans, where no pretence is necessary and they can be their ‘true selves’. Other veterans understand the written and unstated rules of serving in the armed forces, and may have been exposed to similar traumatic experiences. The expectation that others will maintain the military code of covering each other’s back creates a supportive environment. Earlier experiences of attachment built during service years are rekindled. The covered area for smokers in the grounds of the Surrey treatment centre has been named ‘The Office’ by veterans on admission. It is in that space that veterans, some non-smokers, gather informally to debrief after groups or one-to-one sessions, and to offer mutual support.

Yalom (1995) highlighted 11 therapeutic factors relevant to group therapy that have an influence either by their presence or absence. Of particular relevance in the veteran context are the therapeutic factors of universality, cohesion, guidance, interpersonal learning, and the instillation of hope. Mirroring familiar factors associated with military training and functioning, veterans are ready to listen to and learn from each other due to previous cohesion experience. A sense of personal isolation is moderated by the knowledge that individuals are not alone in meeting life-changing symptoms, which then become normalised. Veterans are willing to pass on knowledge gained to help fellow veterans, thereby fostering hope. The art therapy groups, like
all other groups at Combat Stress, are able to draw on the strengths of these therapeutic factors.

The theme ‘My Planet’, in the first art therapy group of this study, gave veterans an opportunity to reveal a bit about themselves. Some participants were guarded in their creative responses and took a more objective, global view at first sight. During the subsequent discussion, Mr C acknowledged that he had avoided revealing what life was actually like for him, although significant aspects were coded within his image. Mr D’s poem did not reveal any personal struggles. Mr B shared his optimism that he would be able to open up through the admission. It was Mr A’s image of a flat world hanging on by a thread that gave the group a tangible, symbolic example of psychological difficulties to focus on. The concept of differing perceptions emerged from the group discussion and was developed over the admission. This introduced the possibility of changing viewpoints that might have become rigid and unhelpful.

The first gallery visit underlined the problems the veterans faced being in a busy, public place. With heightened anxiety, hyper-vigilance, and hyper-arousal symptoms to contend with, the veterans would not normally have placed themselves in such a situation. The exhibition contained familiar elements, such as comics from childhood, which provided a connection; however, rather than sticking with the familiar, participants were also interested in making new discoveries, the Grayson Perry image being an example. Thus, so far in the admission, the veterans had witnessed examples of each other’s creative work and looked together at the work of others in a gallery space, thereby introducing fresh ideas and viewpoints.

In Group 2 of the programme, all participants revealed more of themselves through their work in response to Grayson Perry’s ‘Map of Nowhere’, the unfamiliar image that had caught their attention at the gallery. In Mr D’s poem he admits that his life is a struggle and in Group 3, ‘Remembrance’ provided the opportunity for him to wear his heart on his sleeve. Armistice time allowed for personal grief to become an important ingredient and provided the opportunity for him to wear his heart on his sleeve. This introduced the possibility of changing viewpoints that might have become rigid and unhelpful.

Mr A’s images continued to openly express his struggles with PTSD, with the symbol of barbed wire taking on changing meaning as both restrictive and then liberating, when transformed into birds. His ability to articulate his feelings without stammering or crying improved as his distress tolerance increased. The images Mr A created in Group 4 enabled reconnection with his personal achievements. His image in Group 5 in response to ‘Ways of seeing’ was more solution-focused, offering a reframing of challenges faced. Although capturing the emotional intensity of his experience of crowded places, the image also seemed to shift away from avoidance towards taking action to make crowds more bearable. This shift was also seen during the second gallery visit, whereby, now familiar with the gallery, participants seemed to be gaining confidence in the space.

In Group 5, Mr C gave an example of his own misconceptions when fuelled by threat perception and expecting the worst, and also his experience of how others might view him detrimentally. The associated group discussion around perceptions seemed to open the possibility of change. In the final group, Mr C’s ‘Voyage of discovery’ seems full of potential. He considered that the admission had facilitated discoveries and provided hope for an improved quality of
life. From being guarded in his first image, Mr C allowed himself to approach his most challenging psychological material during the admission. Surprised with himself for having been able to speak about his trauma through the images he created, and to tolerate the distress caused, he was in a better position to choose whether or not to pursue trauma-focused work.

Mr B’s final tribute to the group seemed to capture the value of the shared experience. He had connected with the symbolism used in the work of the other participants, which had held meaning for him. He created echoes of meaning in his own work, which was further developed in individual sessions. Mr B was also able to make in-roads into his traumatic experiences for the first time. For Mr A, Mr B, and Mr D, the admission acted as a stepping stone to further in-depth work, which they had not felt prepared to engage in prior to the art therapy-focused admission.

In response to the group evaluation questionnaire, in which participants were asked what they had found most helpful/interesting, the feedback was:

‘The group, the lack of any overbearance, and freedom to express or not;’ ‘For the first time ever I openly talked of my trauma … it really opened me up;’ ‘Being able to open up and share thoughts and memories to others;’ ‘The use of art helps me to see things in a better light and have a better outlook on life as a whole;’ ‘The whole two weeks were extremely beneficial to me personally’.

Although the sample was restricted to only four participants, a reduction on scores for the avoidance cluster of PTSD symptoms was observed from a mean score of 2.9 at admission to 2 at discharge (means scores could range from 0–4). Given the brevity of the intervention, it was encouraging to see these reductions.

**Strengths and limitations**

Despite the fact that avoidance was recognised as a key feature of the PTSD presentation of all attendees, all were able to create work that expressed emotional material, and to tolerate the emotions shared within the group and one-to-one contexts. All participants reported improved wellbeing at the end of the admission.

As the admission occurred over Remembrance Day, it could be argued that issues were nearer to the surface, and so more accessible than usual; however, the timing also presented the challenge of a break in continuity, as two participants had prior engagements which meant absence from one group. The bonds formed in the group, however, seemed strong enough to absorb the break, and continuity was maintained.

This study includes psychometric results to demonstrate the presentation of each veteran at baseline. The measures were repeated at the end of the admission and significant progress was seen. The measures were not repeated over time, however. This was mainly because it was considered that the psychometric measures used were not capturing effects particular to art therapy. An appropriate measure has yet to be found to assist research in this area. That said, it would have been advantageous to have repeated the PCL-5 three months after discharge to explore the impact on the avoidance cluster of PTSD symptoms.

As images have no single meaning, the interpretations offered here are the results of discussions with the veterans at the time. This study is about the use of visual art therapy, but one of the participants chose to write poetry in creative response to the group themes. Although his images were portrayed in words, Mr D’s input remains crucial to this paper.

**Conclusions**

The art therapy admission provided an opportunity for the veterans to work with PTSD-related avoidance symptoms. Participants challenged safety behaviours not only by expressing emotional material but also by exposure to the crowded gallery public space. Each individual demonstrated willingness to consider change through the creative exploration of perceptions. Whether or not participants chose to move on to trauma-focused work as part of individual recovery pathways, by the end of the art therapy programme the veterans had the experience of remaining in contact with painful thoughts and emotions, thereby overcoming experiential avoidance (Chawla & Ostafin, 2007).

Through art therapy, the veterans used symbolism to express distressing thoughts and emotions, thereby creating a safe distance from the material. Displaying the images on the wall for group consideration took the focus away from each veteran-creator, providing a shared point of dynamic contact as ideas were played with and emotions felt. Participants discovered that this form of exposure was tolerable and not overwhelming. The group dynamic created a strong container for this process.

The results of this study suggest that art therapy could be constructively employed as a means of assisting veterans to overcome avoidance symptoms that prevent them not only from engaging in trauma-focused work but also from defeating the restrictions that seriously impact functioning on a day-to-day basis.

The study also highlights the need to develop psychometric measures that are able to capture the mechanisms of change at play through the art therapy process in a reliable and consistent way, as it is employed as a treatment for overcoming avoidance in veterans with PTSD.
Ethical standards

Ethical approval for this paper was granted by the Combat Stress ethics committee and consent was obtained from the four participants to be used as anonymised case studies.

Disclosure Statement

No potential conflict of interest was reported by the authors.

Notes on contributors

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Dr Dominic Murphy is a senior clinical lecturer at Combat Stress and King’s College London. He is a Clinical Psychologist and has also completed his PhD. Dominic has specialised in working in the field of trauma. He has set up and runs a research department at Combat Stress and has an extensive publication record of over 50 publications within the area of military mental health. Dominic has lectured on military mental health at a number of international conferences around the world, teaches at King’s College London, and has supervised a number of doctoral projects.

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